

2014 Dental Plan Comparisons - State Employees													
2014 Dental	State Uniform Dental		EPIC Benefits +		Dental WI PPO		Dental WI Select		Anthem Dentacare HMO		Anthem Preferred PPO		Anthem Supplement
Network	Requires a Preferred Provider	Designated Out-of-Network Providers	Affiliated with Delta Dental nationwide. Member responsible for charges over the allowable amount		Delta Dental PPO Providers	All other recommended Delta Premier Providers	Affiliated with Delta Dental nationwide. Member responsible for charges over the allowable amount unless a Delta Premier Provider is used.		Must use a Dentacare Center		Any Dentist. Benefits are paid at a higher level if a PPO dentist is used.		Any Dentist
2014 Premium Rates			Without Vision**	With Vision**	Active Employees & COBRA**		Active Employees & COBRA**		Region 1	Region 2			
Employee	Included with most health plans*		\$19.77	\$24.02	\$28.32		\$20.52		\$23.27	\$28.78	\$23.51		\$18.08
Employee + Spouse or Domestic Partner			\$39.54 Employee +1	\$47.04 Employee +1	\$59.96		\$42.19		\$46.55 Employee +1	\$57.56 Employee +1	\$47.01 Employee +1		\$36.17 Employee +1
Employee + Child(ren)					\$67.04 Employee + child(ren)		\$48.68 Employee + child(ren)						
Family			\$59.31	\$70.34	\$101.34		\$71.59		\$74.47	\$92.10	\$77.56		\$54.28
Provider Network	In Network	Out-of-Network	Open Network		In Network	Out-of-Network	Open Network		Dentacare Providers Only		PPO Dentist	Other Dentist	Open Network
Deductible	\$0	\$0	\$75		\$25	\$50	\$50		\$0		\$25 per member	\$50 per member	\$50 per member
Calendar Benefit Max	\$1,000		\$1,500 for new enrollees, if applicable		\$1,000		\$1,000		\$750 per member (Diagnostic/Basic/Major) Additional \$500 for Specialty Services		\$1,250 per member		\$1,250 per member
2014 Max	\$1,000		\$750		\$1,000		\$1,000		See above		\$1,250 per member		\$1,250 per member
2015 Max													
2016 Max													
Diagnostic & Preventative	100%	75%	Not Covered		100%	75%	Not Covered		100%		80%	75%	0%
Routine Evals	2 per year		Not Covered		1 every 6 months		Not Covered		100%		80%	75%	0%
Cleanings	2 per year				1 every 6 months								
Bitewing X-rays	1-4 films (image)				1 every 12 months								
Panoramic X-rays	Once every 60 months				Once every 60 months								
Fluouride	2 per year up to age 19				Once per year up to age 16								
Basic	See specific services		50% on covered procedures as related to Major Services		75%	55%	75%		80%		60%	50%	75%
Fillings	100%	50%	50%		75%	55%	75%		80%		60%	50%	75%
Extractions (non-surgical)	Not covered												75%
Local Anesthesia	80%	50%											75%
Emergency Palliative X-rays	100%	75%											75%
Oral Surgery	Not covered, but may be covered under medical plan												75%
Major/Restorative	See specific services		50% on covered procedures as related to Major Services		50%	25%	50%		60%		40%	25%	50%
Implants	Not covered		50%		50%	25%	50%		Not covered		40%	25%	Not covered
Crowns									60%				50%
Bridges													
Dentures													
Endodontic									80%		40% Complex 60% Simple	25% Complex 50% Simple	
Periodontic	80%: Limited to Periodontal Maintenance	50%: Limited to Periodontal Maintenance			50%	25%	50%		60%: Limited to Periodontal Maintenance		40%: Limited to Periodontal Maintenance	25%: Limited to Periodontal Maintenance	50%: Limited to Periodontal Maintenance
Dental Waiting Period	None		None		Preventative - None Basic & Major - 3 months		Basic & Major - 3 months		None		3 months Major & Basic		3 months Major & Basic
Claim Filing Timeline	90 days		120 days		120 days		120 days		15 months		15 months		15 months
Orthodontia	50% (under 19 only)		50% (under 19 only)		50%		50%		50%		50%		50%
Ortho Lifetime Max	\$1,500		\$1,200		\$1,000		\$1,000		\$1,000		\$1,000		\$1,000
Ortho Waiting Period	None		12 month - timely 24 month - special enrollment		12 months		12 months		None		None		None
Website	http://etf.wi.gov/members/benefits-state-health2014.htm		http://www.epiclife.com/pdfs/e11549-1308-wse-benefits+standard-		http://www.epiclife.com/pdfs/e11734_1308_wse_dental-brochure.pdf		http://www.epiclife.com/pdfs/e11734_1308_wse_dental-brochure.pdf		http://www.anthem.com/dental-stateofwi/		http://www.anthem.com/dental-stateofwi/		http://www.anthem.com/dental-stateofwi/

* Uniform Dental not offered with Standard Plan, Medicare Plus or SMP

** Annuitant rates are listed on plan website

This outline is only a general outline of the dental benefits, limitations, and exclusions. You can find a more detailed description of dental coverage in the applicable certificate of coverage.

A certificate will be issued to each employee who becomes insured under the plan. Coverage is subject to all terms and conditions of the policy, which is your contract of insurance.

Policies consist of the group master policy, including the application and all policy riders and endorsements